Approved for use through 07/31/2096. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE fer the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays walld OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) **Application Number** 10/790,001 FEE TRANSMITTAL Filing Date March 2, 2004 For FY 2006 First Named Inventor TOMOKAZU NAKAMURA ET AL. **Examiner Name** Patrick H. Mackey Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit **TOTAL AMOUNT OF PAYMENT** (\$)1,400.00 Attomey Docket No. 03500.017945 METHOD OF PAYMENT (check all that apply) Money Order None Other (please identify): Check Credit Card X 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto Deposit Account Deposit Account Number:_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES SEARCH FEES Small Entity Small Entity Small Entity** Fee (\$) Fee(\$) Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee(\$) Fee(\$) 500 250 200 100 Utility 300 150 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 500 250 300 300 150 600 Provisional 200 100 2. EXCESS CLAIM FEES Small Entity **Fee Description** Fee(\$) Fee(\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Fee Paid (\$) **Total Claims** Extra Claims Fee (\$) **Multiple Dependent Claims** - 20 or HP = x 50.00 1,400.00 Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Fee Paid (\$) Extra Claims Fee(\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3

SUBMITTED BY	dal		
Signature	////Va/	Registration No. (Attorney/Agent) 30,110	Telephone 212-218-2100
Name (Print/Type)	Lawrence A. Stahl		Date: February 14, 2006

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/ 50 =

\$130 fee (no small entity discount)

3. APPLICATION SIZE FEE

_ - 100 =

Non-English Specification,

4. OTHER FEE(S)

Other:_